MEDICAL BOARD OF CALIFORNIA

Discipline Coordination Unit

Request for Public Documents

Requestor Information

Name: _____

Address: _____

Telephone: _____ Fax: _____

Check here if you are requesting certified public documents: ☐

Public Information Regarding:

Physician's Full Name: _____

Physician's License Number (if known): _____

Please mail completed form to:

Medical Board of California
Attn: Central File Room
P.O. Box 15588
Sacramento, CA 95852 or
Fax (916) 263-2420

ENF-803.1 (Rev. 06/008)